			\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					. 1		10/	1676	198
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 Application or Docket Number											-	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						_	MALL E	YTITY	OR	OTHER SMALL		
TOTAL CLAIMS		13					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			13 minus 20=		· Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		. 4			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT					.140-			+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	+140=		OR		71/0
ON TOTAL											740 THAN	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER : AMENDMENT		NUM	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEB
	Total .	. 14	Minus	** 6	20	- /	1 [X\$ 9=		OR	X\$18=	
NEN EN	Independent	• 2	Minus	***	3	-/	1 t	X42=	1	OR	X84=	
₹	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	TCLAIM	′□]	+140=		OR	+280=	1
							L	TOTAL		OR	TOTAL	+-
		(Column 1)		(Colu	ımn 2)	(Column 3)		ODIT. FEE	·	10	ADDIT. FEE	4
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST ABER OUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 14	Minus	** /	W		1 [X\$ 9=		OR	X\$18=	
	Independent	. 3	Minus	***	3	-	1	X42=	1_	ŌR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		1	+280=	
							L	+ I4U=		OR	TOTAL	
		120 525						ODIT. FEE		OR	ADDIT. FEE	L
NTC		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER HOUSLY FOR	PRESENT EXTRA	ון	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	+	Minus	**	101	-	1 h	X\$ 9=	1	OR	X\$18=	<u> </u>
	Independent	*	Minus	244		=-	11		 		X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	X42=	 	OR	^04=	
+140= O											+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
***	if the "Highest Nu The "Highest Num	mber Previously Father Previously Pa	rais For IN THI aid For" (Total o	s SPACE r Indepen	ts less the	an 3, enter "3." e highest numb				ex in ca	olumn 1.	

FORM PTO-875 (Rev. 8/01)